U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Abrit Diggide Use Only JL 18205	
DE DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

ONT DRU	
File Number U - 35/90/	2. Fiscal Year Covered Front:
• • /	7/7/2004 Through: 12/30/2009
Name and address of person filing.	Name, file number, and address of labor organization.
TAMES B Johnson	Name International ASSOC of Fire Fighters
	Labor Organization File Number 000-3/7
O. Box, Bldg., Room No., If any Soft 200	P.O. Box, Building and Room Number, if any
trood 1750 New York ARE NW	Street _SAMC -
washingten	City
itale DC ZIP Code + 4 2006	State ZIP Code + 4
Position in labor organization. Vice President	The control of the co
(except as specified in the exc. Held an interest in, engaged in transactions (including loans) with, o	souse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions): or derived income or other economic benefit of
(except as specified in the exc Held an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organiza	clusions set forth in the instructions): or derived income or other economic benefit of tition represents or is actively seeking to represent.
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organizations and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organizations and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of tition represents or is actively seeking to represent.
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organizations and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of tition represents or is actively seeking to represent.
(except as specified in the except as a interest in, engaged in transactions (including loans) with, o onelary value from an employer whose employees your organizal name and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of tition represents or is actively seeking to represent.
(except as specified in the except as specified in the except as specified in the except as a specified in the except as a specified in the except as specified in the except as a specified i	or derived income or other economic benefit of titlon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.
(except as specified in the exc Held an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Itame Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	or derived income or other economic benefit of titlon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.
(except as specified in the exc.) Held an interest in, engaged in transactions (including loans) with, or constary value from an employer whose employees your organization and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	or derived income or other economic benefit of titlon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.
(except as specified in the exc Held an interest in, engaged in transactions (including loans) with, o onetary value from an employer whose employees your organiza Name and address of Employer (including trade name, if any). Itame Frade Name, if any: P.O. Box, Bidg., Room No., if any Street	or derived income or other economic benefit of titlon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.
(except as specified in the exc.) Held an interest in, engaged in transactions (Including loans) with, o constary value from an employer whose employees your organizations and address of Employer (including trade name, if any). Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	or derived income or other economic benefit of titlon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income.
(except as specified in the exc. Liteld an interest in, engaged in transactions (Including loans) with, o conetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	r derived income or other economic benefit of tition represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. 7.b. Armsunt. Ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
(except as specified in the exc. Held an interest in, engaged in transactions (including loans) with, o conetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomps	r derived income or other economic benefit of tition represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. 7.b. Armsunt. Ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

"Name of Person Filling James B. Johnson	File Number U- 3999			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Woodley + Mc Billowy Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 400 Street 1/25 154 ST NW City Weshington State D. C. ZIP Code+4 20005	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:	General Consel to TARF			
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City 1	12.a. Nature of interest held or income received.			
State ZtP Code + 4	Christman gift basket			
	12.b. Amount. 49.95-			
C. Received from any employer (other than an employer covered und	w narte A and R shoup)			
	14a. Nature of payment			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Transcription (I) (augustuses,			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
City				
State ZiP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling V & MES 3. Johnson	File Numbs	14 34 99
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or teasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rvise dealing with the business ively seeking to represent, or directly to, or <i>otherwise</i>	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Woodlay + McTillnery	N -73	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Surke 400	b. Trust	
Street: /125 /5th 57. NW	c. Employer	
Cay Washington ZIP Code + 4 2005		
State 2 C. ZIP Code + 4 2 2005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Teveral Comsel	to IAFF
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
And the second of the second o	11.b. Approximate dollar value of such di	ealing.
City	12.a. Nature of interest held or income	e received.
State ZIP Code + 4	Dinner Oct 6, A	1004
	Brightstag is to absorber succession adaptation and a succession of the succession succession of t	partyristaksistation on anatomista anad tingga anatomismus a natigationem and assumming which yet, and assumption of
	12.b. Amount.	1/27.30
C. Received from any employer (other IDED as employer covered un	der parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	and the state of t
(including stade name, if any).		
Name	-	:
Trade Name, if any:		- 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
P.O. Box, Stdg., Room No., if any		200
Street		; ; ;
City	J	1
State ZIP Code + 4	Fig. 1 S. Section of the section of	in the second of
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Form LM-30 (2003)

3.43